



Liquor Control Board
Licensing and Regulation
PO Box 43098
Olympia WA 98504-3098

For Office Use Only
Reception No.
Date
Check No.
Amount Rec'd

Application for Special Occasion License for a Not for Profit Society or Organization

A Special Occasion License allows a not for profit society or organization to sell spirits, beer, and wine by the individual serving for on-premises consumption at a specified event. A Special Occasion Licensee may, with prior Board approval, sell beer and wine in original, unopened containers for off-premises consumption.

Fee is \$60.00 per day, per location. Make check payable to WSLCB. Mail application, with check to WSLCB, PO Box 43098, Olympia WA 98504-3098. Special Occasion license holders are limited to 12 single-day events per calendar year. Applications must be filed at least 30 days before the event.

Please call (360) 664-1617 if you have any questions.

1. Name of Society or Organization _____
2. _____
Street Address of Organization City State Zip Code County
3. Is the applicant a registered nonprofit society/organization? ☐ Yes ☐ No Registration No. _____
If no, attach affidavit of non profit status with signature of person responsible for the event.
4. Name of contact person (must be at least 21 years of age):

Name Title Date of Birth () Area Code Phone No.
- 5a. Has the applicant organization previously held a special occasion license? ☐ Yes ☐ No
- 5b. If yes, when? _____ License No. _____
6. Name of Event _____
7. Name of premises where function will be held (building, hall, room, etc.): _____
8. _____
Event Location Address City State Zip Code County Inside City Limits ☐ Yes ☐ No
9. Is event being held on church or school property, a military facility, or a liquor licensed premises? ☐ Yes ☐ No
If yes, appropriate official must sign below to authorize the sale of liquor at the event location.

Signature Title Date
10. Total Number of persons to attend event _____ Total number of persons under 21 years of age to attend event _____
11. Monies from event will be distributed as follows: _____
12. Are you receiving anything other than advertising services, dispensing equipment, or product from a manufacturer, Distributor, or agent? ☐ Yes ☐ No
13. Mail license to: _____
Name Mailing Address/Street/PO Box, City, State Zip Code
14. Fax Number () _____
Area Code Phone No.
15. Are you requesting permission for sale of beer/wine for off-premises consumption? ☐ Yes ☐ No

Date(s) of Event	Hours: From To	Type of Event
	a.m. a.m.	<input type="checkbox"/> Music <input type="checkbox"/> Auction
	p.m. p.m.	<input type="checkbox"/> Community Celebration <input type="checkbox"/> Outdoor Event
	a.m. a.m.	<input type="checkbox"/> Other _____
	p.m. p.m.	

Distribution: White and Blue – Licensing and Regulation Pink – Applicant